

4. The married status of the alleged disabled person is: **(Check one)**
 Single Married Divorce Widowed

5. The next of kin of the alleged disabled person are: [The next of kin is/are the person(s) who would be entitled to inherit the alleged disabled person's estate if the alleged disabled person died without having a will]: **(Complete the table below with respect to next of kin.)**

NEXT OF KIN NAME	RELATIONSHIP TO ALLEGED DISABLED PERSON	ADDRESS OF NEXT OF KIN	NEXT OF KIN'S AGE

6. The alleged disabled person is believed to have made a Will that is located at _____
address where will can be found in the custody of _____
possession of whom

7. Has the alleged disabled person ever appointed a Power of Attorney? YES NO
 If "YES", name of the Power of Attorney: _____

8. Has the alleged disabled person been represented by a Delaware attorney within 2 years of filing this Petition? YES NO
 If "YES" briefly explain and include the years of service: _____

9. Has the alleged disabled person ever been a member of the military? YES NO

10. In detailed information, explain why it is necessary for the Court to grant you Guardianship.

11. In the opinion of the Petitioner, will notifying the alleged disabled person that this Petition is being filed, likely result in harm to the alleged disabled person's health? (**Check one**)

YES NO

12. List **ALL** alleged disabled person's assets: (Attach additional pages if necessary.)

PROPERTY	ESTIMATED VALUE	RETAIL VALUE	IF OWNED JOINTLY NAME AND ADDRESS OF JOINT OWNER
Cash			
Bank accounts			
Stocks			
Bonds			
Mutual funds			
Securities			
Options			
Annuities			
Home/real estate			
Other real estate			
Motor vehicles/automobile(s)			
Other vehicles			
Business			
Other valuable property (except ordinary household furnishings and clothes)			
Life insurance policy amount			
Other: _____			
Other: _____			

13. List **ALL** believed current sources of income for the alleged disabled person: (Attach additional sheets if necessary).

BENEFIT OR SOURCE OF INCOME	AMOUNT	WHEN RECEIVED	HOW OFTEN RECEIVED (one time or regular)
Business, profession or self-employment			
Rent payments			
Interest			
Dividends from stocks or bonds			
Qualified and/or non-qualified pension and/or retirement plan			
Social security retirement			
Social security disability			
VA benefits			
Federal pension (CSRS or FERS)			
Disability or private disability			
Military pension			
IRA			
Any other annuity payments			
Bank account interest			
Gifts			
Other: _____			
Other: _____			

14. List **ALL** debts and monthly expenses of the alleged disabled person: (Attach additional pages if necessary.)

DESCRIPTION OF DEBTS AND MONTHLY EXPENSES, BILLS	TOTAL DEBT	MONTHLY PAYMENT
Mortgage (taxes, insurance and escrow) or Rent		
Water		
Sewer		
Electric		
Gas		
Oil		
Garbage		
Cable television		
Telephone		
Household items		
Household maintenance and repairs (list) Item: _____ Item: _____		
Groceries		
Clothing		

DESCRIPTION OF DEBTS AND MONTHLY EXPENSES, BILLS (cont.)	TOTAL DEBT (cont.)	MONTHLY PAYMENT (cont.)
Health insurance (COBRA)		
Medications		
Health care		
Other out-of-pocket medical and dental expenses for self		
Medical and dental expenses for dependents		
Laundry and dry cleaning		
Cosmetics and toiletries		
Hobbies		
Barber and hairdresser		
Newspaper, magazine subscriptions		
Charitable and/or religious donations		
Vacation		
Entertainment and miscellaneous		
Transportation other than automobile		
Automobile Monthly payment: Repairs and maintenance: Insurance: Gasoline:		
Life insurance payment		
Other: _____		
Other: _____		

15. Check **ONLY** the statement(s) below that applies to your situation (the one that is true). If both statements are true, check both boxes.

The alleged disabled person is **UNABLE TO PROPERLY MANAGE AND CARE FOR HIS/HER PROPERTY** and, as a consequence thereof, **IS IN DANGER OF DISSIPATING OR LOSING SUCH PROPERTY** by becoming the victim of designing person(s).

The alleged disabled person is **UNABLE TO PROPERLY MANAGE AND CARE FOR HIS/HER PERSON** and, as a consequence thereof, **IS IN DANGER OF SUBSTANTIALLY ENDANGERING HIS/HER OWN HEALTH** or **BECOMING SUBJECT TO ABUSE** by other person(s).

16. **ALL** of the following statements must be true before the Court of Chancery will consider this Petition. **Check ALL** the following statements to acknowledge they are true:

THERE IS CURRENTLY NO GUARDIAN for the Person **OR** the Property of the alleged disabled person.

The alleged disabled person is domiciled in the State of Delaware.

ATTACHED is the medical report of:
Name of attending doctor/physician of alleged disabled person: _____
Doctor/physician's office address: _____

Doctor/physician's telephone no.: _____

Petitioner consents to the Register in Chancery of the Court being his/her agent for acceptance of service on behalf of the Petitioner as to any claim arising out of the Guardianship if, by reason of the Guardian's absence from this State, he/she cannot be personally served.

WHEREFORE, Petitioner respectfully requests that:

- a. This Court appoint him/her as Guardian of: (check all that apply):
- Guardian of the Property of the alleged disabled person.
 - Guardian of the Person of the alleged disabled person.
- b. He/she be permitted to serve as Guardian without the necessity of posting surety on the bond.
- c. A Preliminary Order be entered to schedule a Hearing and to notify interested parties.

Date

Petitioner's Signature

SWORN TO AND SUBSCRIBED before me on this date: _____

Notary Public or Clerk of the Court